**Section 1 – Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Date of Birth:** |  |
| **Qualification Name:** |  | **Qualification National Code:** |  |
| **Commencement Date:** |  |  |  |
| **RTO Name:** |  | **RTO National Code:** |  |
| **Contact Person:** |  | **Contact Phone Number:** |  |
| **Email Address:** |  |  |  |

**Section 2 – Signatures**

**Agreement Declaration**

We, the undersigned, have participated in the negotiation and development of the Training Plan. We understand and are satisfied:

|  |  |
| --- | --- |
| (must tick) | |
|  | with the attached training plan arrangements to support and deliver the required training, including the proposed training mode/s and assessment method/s |
|  | that an initial skills assessment of the student has been conducted and documented, including:   * an individual assessment of foundation skills level, additional support needs and the appropriateness of the qualification level; and * RPL and credit transfer arrangements have been explained, and, where applicable, offered. |
| (tick or N/A) | |
|  | where foundation skills training and/or support is being delivered, the student is aware of the arrangements for delivery. |
|  | where a work experience placement is offered as part of the training, the student is aware of the intended arrangements for the placement. |
|  | where a Skill Set is being delivered, the student is aware they will not be awarded a full qualification. |

Student Signature: Date:

RTO (Authorised Representative):

Signature: Date

**Section 3– Training and Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit Code | Foundation Skills Unit Title | Organisation responsible for Foundation Skills training delivery | | Foundation Skills training delivery | | Assessment Method |
| RTO | Other RTO | Prior to qualification | Integrated delivery |
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| Unit Code | Unit Title | Unit type Core (C) or Elective (E) | Skills Recognition  RPL/CT | Training Mode | Assessment Method |
| --- | --- | --- | --- | --- | --- |
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